

2022 QIO HCBS Self- Assessment



Quality is never an accident.
It is always the result of intelligent effort.
-John Ruskin

Medicaid Quality Oversight

- The Centers for Medicare & Medicaid Services (CMS) works with states to assure and improve quality across the Medicaid authorities that support long term services and supports, including the Medicaid section 1915(c) HCBS waiver program and 1915(i) Habilitation.
- CMS seeks to maximize the quality of life, functional independence, health and well-being of individuals served by the HCBS programs.
- States make assurances and sub-assurances when they submit applications and renewals to CMS for waivers and Habilitation.

Medicaid Quality Oversight (continued)

- Telligen contracts with the state of Iowa as the Quality Improvement Organization (QIO) for our state's long term care population.
- QIO HCBS team provides oversight for approximately 460 enrolled HCBS and Habilitation providers, primary functions include:
 - Quality oversight reviews
 - Technical assistance
 - HCBS provider applications
 - Critical incident management
 - Complaint investigation
 - Individual Participant Experience Surveys (IPES)
 - Community-Based Case Manager (CBCM) service plan ride-alongs

QIO HCBS Review Process

- QIO HCBS consists of six regional HCBS Specialists and one incident and complaint specialist to conduct quality oversight reviews.
- If an HCBS provider is enrolled for services that require HCBS certification, a **Certification Review** is conducted within 270 days of enrollment and ongoing depending on the length of certification a provider receives.
 - Initial 270-day certification, Probational 270, one year, or three year
- Non-certified providers receive an onsite **Periodic Review** once per 5-year cycle.
- **Targeted Reviews** are conducted in response to a complaint or incident.
- All HCBS review types are evidence-based, using provider's policy and procedure, member file, and staff file information.
- Can result in the issuance of corrective action plans (CAPs) which are detailed plans that providers create to explain how they will remediate the issue, after a period of time evidence of implementation of that CAP is requested in order to verify the provider has met compliance.

Quality Oversight by the Provider

- **Quality Oversight Process** is based on an ongoing cycle of
 - **Discovery** – intentional, structured, and measured review of evidence to determine if your agency policies and practices are being implemented as required. Prior to conducting discovery, a goal or *threshold* is set for determining whether remediation is needed.
 - **Remediation** - data from the Discovery phase may identify problem areas. Providers create an action plan to remediate the problem.
 - **Improvement** –analysis is conducted to determine success.
- Self-assessment is the foundation from which to build your own internal oversight processes
- Completion of the SA form requires providers to ask if they have policies and processes in place, and can they provide evidence of Iowa HCBS rules and requirements and best practice.
 - That evidence should be reviewed regularly as part of Discovery
- Helps improve the outcome of your review.

Self-Assessment 2022

- If you're new here
 - ***This is an annual requirement***
 - ***Participation is required in order to maintain your enrollment as an HCBS provider***
 - ***Failure to submit required documents will result in a sanction of payment suspension***
- If you're a veteran
 - ***See above!***
 - Clarified messaging and re-ordered information
 - Incorporating rule updates from the last year
 - Adding areas that were not previously included
 - Always improving

The Details

- Components include two required documents
 - **Self-Assessment**
 - **Address Collection Tool**
- Due date of December 31, 2022
- Submission via email to hcbsqi@dhs.state.ia.us
- Following submission
 - Your HCBS specialist will notify you that revisions are required or
 - You will receive a letter of acceptance

The Documents

- Self-Assessment (SA)

- Fillable PDF document located here:

- <https://dhs.iowa.gov/ime/providers/enrollment/provider-quality-management-self-assessment>

- Requires signatures from your agency's president/CEO and, if applicable, Board President/Chairperson

- Address Collection Tool (ACT)

- Excel Spreadsheet
 - Blank form has been emailed to contacts listed on 2021 self-assessments
 - Request it from your HCBS specialist if you did not receive it

Instructions For Completion – SA

- **Save to your computer or local drive before completing**
- Do not submit a self-assessment that is printed, scanned, or copied
- Read all instructions
- Who submits?
 - All HCBS and Habilitation providers **enrolled** for any services listed in Section II, regardless if they are currently providing the service.
- Form features
 - [Blue](#) text is an active link which takes you to various sections within the form or to external resources
 - Use tab key to move through checkboxes
 - Free-text boxes
 - Electronic signature

Section I. Organization Details

- Main Office Information
- EIN number (9 digit number)
- All applicable agency NPIs (10 digit numbers)
- Legal business name, if different from name you are doing business as(DBA)
- Correct email addresses
- Additional lines are available if you have multiple offices/locations **that operate under a different name.**
 - Example: Your main office location is ABC Management Company but your self-assessment covers three assisted living facilities – Iowa Acres, Restful Villas, and Prairie Manor. Those names, counties, and NPIs should be listed here.

Section II. Service Enrollment

- Check all enrolled waivers and services even if you are not actively providing them or are not serving members under that waiver.
- If your organization is not enrolled for any of the services in this section, you are not required to submit the self-assessment.
- You may be enrolled for additional waiver services not listed in Section II such as home-delivered meals, homemaker, chore, transportation, nursing, etc. These services are not part of the self-assessment.

Section III. Self-Assessment Questionnaire

- Select the most appropriate response.
 - Yes = your organization meets the standards and can provide verifiable evidence. The standard may be required by Iowa Medicaid law or rule, your own internal policy, as best practice, or because of another oversight entity outside of Iowa Medicaid.
 - No = your organization does not meet the standard or cannot provide evidence, but are required to by law, rule, your own policy, or the standard is otherwise necessary for the services your organization is enrolled to provide.
 - If you select No, you must describe a plan in the designated box that explains what you will do to correct the problem with specific timelines for achieving compliance.
 - This plan may be referred to a remediation plan, corrective action plan, or “CAP”.
 - NA = standard is not required by law, rule, or organization policy for the services you are enrolled to provide.
- At the end of each topic, there is a free-text box for your organization to highlight how your organization meets or exceeds the requirements.

Section III. Self-Assessment Questionnaire (Continued)

- Section III. Self-Assessment Questionnaire consists of the following areas:
 - A. Organizational Standards
 - To provide quality services to members, organizations need to have sound administrative and organizational practices and a high degree of accountability and integrity. Organizations should have a planned, systematic, organization-wide approach to designing, measuring, evaluating, and improving its level of performance.
 - B. Personnel and Training
 - Providers need to have qualified employees commensurate with the needs of the members served and requirements for the employee's position. Employees should be competent to perform duties and interact with members.

Section III. Self-Assessment Questionnaire (Continued)

- C. Policies and Procedures

- This section focuses on the core set of policies and procedures which guide the provision of services. Policies and procedures outline day-to-day operations, ensure compliance with laws and regulations, and guide staff. Policies and procedures are implemented so that members receive fair, equal, consistent, and positive service experiences.

- D. HCBS Settings

- If your organization is NOT enrolled for any of the services identified, check the box and proceed to Section IV. Guarantee of Accuracy.
- Use the questions to self-assess your organization's compliance with HCBS settings rules.
- Additionally, you must complete the corresponding Address Collection Tool to list all provider owned and controlled HCBS service locations.
- Provider owned or controlled homes are identified as a setting where the HCBS provider owns the property where the member resides, leases the property from a third party, or has a direct or indirect financial relationship with the property owner that impacts either the care provided to or the financial conditions applicable to the member.

Section IV. Guarantee of Accuracy

- Attestation to the accuracy of your self-assessment responses
- Select Accreditation, Licensing, or Certifications your waiver or habilitation services have
 - Include start and end dates
- Digitally sign by typing your name within the document
- If your agency provides services that are required by rule to have oversight through a board of directors, their digital signature is also required.

Section V. Direct Support Professional Workforce Data Collection

- Total direct care workers currently employed by your organization
 - Specify how many are full time and part time
- Total number of personal and home care aides, home health aides, and nurse aides
 - Use the provided definitions

Self-Assessment Submission

- **Do not submit a self-assessment that is printed, scanned, or copied**
- If you do not maintain any provider-owned or controlled locations or are not otherwise required to submit an Address Collection Tool such as Respite, agency CDAC providers, or otherwise, you would save the self-assessment PDF and email it as an attachment to hcbsqi@dhs.state.ia.us
- Assisted Livings are required to submit an Address Collection Tool and should view the remainder of the training for additional instructions.

Instructions For Completion – ACT

■ Who submits

- Providers of the services listed in Section III. Requirement D. who provide services in provider-owned/controlled sites.
 - Adult Day Care
 - Agency CDAC
 - Assisted Living Service
 - Day Habilitation
 - Home Based Habilitation
 - Prevocational Services
 - RBSCL
 - SCL
 - Supported Employment
- Provider owned or controlled homes are identified as a setting where the HCBS provider owns the property where the member resides, leases the property from a third party, or has a direct or indirect financial relationship with the property owner that impacts either the care provided to or the financial conditions applicable to the member.

ACT 2022

- Must use this year's form, previous year forms will not be accepted.
- Pop-up data entry box from last year has been removed.
- Fill out the information on the three appropriate tabs.
 - Office Locations
 - Residential Services
 - Non-Residential Services
- Certain columns contain drop down boxes and only allow for entry of specific text.
 - Data integrity is key.
 - For columns with drop-down boxes, if you would like a large number of cells to say the same thing select the appropriate response for the first drop down and then drag the corner of that cell down to auto-fill with the same response
- Other information such as address lists can be copied and pasted into the document as long as the formatting matches

Office Locations

- Enter your primary office location
- This is the same location you put in "Section I. Organization Details" of the SA
- Used to identify your agency's reported sites

Residential Services

- Provider Name
- Provider-owned or controlled setting
 - See definition on “Instructions” tab
 - Over-reporting is okay, it is more important to select the correct drop-down choice.
- Type of Residence – select the BEST option
 - Unit in multiplex (duplex, 4-plex, 8-plex, condos, apartment building, etc.)
 - House (house, trailer, row house, townhouse)
 - DIA licensed Residential Care Facility (RCF)
 - DIA licensed assisted living facility
 - Host Home
 - A model of SCL service delivery. Include all host homes even if it’s provided by an independent contractor.
 - Other: Describe in "Notes" column

Residential Services (continued)

- Address
- Service Selection
 - Home-Based Habilitation (HBH)
 - Residential-Based Supported Community Living (RBSCL)
 - Supported Community Living (SCL)
 - Agency CDAC in an RCF or Assisted Living Facility
 - Assisted Living Service
- Number of members served at this location
 - Waiver or Habilitation-funded
- Number of others served at this location
 - Non-waiver and non-Habilitation funding
- DIA Licensure
 - Type of licensure that particular site holds
- 5 Person Approval
- Notes

Non-Residential Services

- Provider Name
- Provider-owned or controlled setting
 - See definition on “Instructions” tab
 - Over-reporting is okay, it is more important to select the correct drop-down choice.
- Type of Non-Residential Setting
 - Adult day care or day habilitation site
 - Non-site-based ADC or DH (aka "no walls" or "100% community based")
 - Prevocational services site
 - Group supported employment site
 - Other: Describe in "Notes" column

Non-Residential Services (continued)

- Address
- Service Selection
 - Adult Day Care
 - Day Habilitation
 - Pre-Vocational Services
 - Supported Employment
- Number of members served at this location
 - Waiver or Habilitation-funded
- Number of others served at this location
 - Non-waiver and non-Habilitation funding
- Notes

Submission

- Email both documents to hcbsqi@dhs.state.ia.us
 - Your agency's name in the Subject line
- Due by December 31st, 2022
 - Early submission is strongly recommended.
- Need an Address Collection Tool? Contact your HCBS specialist.
- Implementation of corrective action must be completed within 30 days.
- **Failure to submit the required 2022 Quality Management Self-Assessment will jeopardize your agency's Medicaid enrollment and may result in sanction of payment suspension.**

Resources

- Self-Assessment Website

<http://dhs.iowa.gov/ime/providers/enrollment/provider-quality-management-self-assessment>

- Frequently Asked Questions (FAQs)
- Self-Assessment Training Slides
- Link to regional specialist map

- Archived Informational Letters

<http://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins>

- Informational Letter sign-up <https://secureapp.dhs.state.ia.us/imp>

- Centers for Medicare and Medicaid Services <http://www.cms.gov/>
- Iowa Code and Iowa Administrative Code (IAC):
<http://search.legis.state.ia.us/nxt/gateway.dll/ic?f=templates&fn=default.htm>
- Provider Services: <http://dhs.iowa.gov/ime/providers>
 - imeproviderservices@dhs.state.ia.us
 - 1-800-338-7909 (toll free) or 515-256-4609 (Des Moines) Select Option 4